

Workers' Compensation Benefits Election Form

As an employee of the State of Idaho, I _____ understand that I might be eligible for workers' compensation benefits provided by the State Insurance Fund in the event I am injured by an accident on the job.

I also understand that I may elect to use my available leave to make up the difference between what I would receive from my workers' compensation check and what I received while working.

☐

Option I. Workers' Compensation Benefits Only

I understand that by choosing this option, I wish to receive only my workers' compensation benefits, and retain my accrued sick, vacation, or earned administrative leave or comp time for future use. I understand that I will not receive any retirement credit during my period of disability and that once I have made this election, I will not be allowed to change the coding of my leave once I have taken it. I understand also that in order to continue my life and health insurance benefits I must self pay the premiums.

☐

Option II. Workers' Compensation Benefits Supplemented by Accrued Leave Until Receipt of Workers' Compensation Benefits

I understand that by choosing this option, the State of Idaho will allow me to use my available leave (sick, vacation, earned administrative leave, or comp time off) to maintain my income at approximately my working level until the time I receive my workers' compensation benefit. At that time, I wish to receive only my workers' compensation benefits, and retain my accrued sick, vacation, earned administrative leave or comp time for future use. I understand that I will not receive any retirement credit during my period of disability and that once I have made this election I will not be allowed to change the coding of my leave after it was taken. I also understand that in order to continue my life and health insurance benefits I must self pay the premiums.

☐

Option III. Workers' Compensation Benefits Supplemented by Accrued Leave

I understand that by choosing this option, the State of Idaho will allow me to use my available leave (sick, vacation, earned administrative leave, or comp time off) to maintain my income at approximately my working level. I understand that until the State Insurance Fund reports my weekly benefit out to my agency, ____ hours per bi-weekly pay period of my available leave will be used by my agency to compensate me while I am disabled. After the State Insurance Fund reports my weekly benefit amount, I have the option of adjusting the number of hours of available leave to reflect 100 percent of my salary. The agency will pay my health and life insurance premiums as if I were still working, and will deduct from my pay the same amounts of self-paid premiums as would be payable if working. I understand I will receive a month of service credit with the Idaho Public Employees Retirement System for each month I am receiving pay. Normal payroll deductions for the Retirement System, State and Federal income taxes, and Social Security shall be made out of the amount paid to me. I understand the choice of this option will have no affect on my claim for workers' compensation benefits in any manner.

I understand further that the benefit of the payment of health and life insurance premiums will last while I am using my available leave, up to six months, or the period of my disability, whichever is less. I also understand that the income maintenance and receipt of retirement credit will last as long as I have leave available, unless I've been laid off due to my disability.

I have read Options I, II, and III in their entirety, and have indicated my choice by checking only one of the boxes.

Signature: _____ Date: _____